AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Kota Ishibiki						Docket No. 17235	
Application No.	Filing Date	Examiner		Customer N	lo. Group Art U	nit Confirmation No.	
10/706,188	November 11, 2003	Sean Everett Conley		23389	1797	6116	
Invention: MEDICAL EQUIPMENT AUTOCLAVING SYSTEM, MEDICAL EQUIPMENT AUTOCLAVE, AND MEDICAL EQUIPMENT AUTOCLAVE METHOD							
COMMISSIONER FOR PATENTS:							
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.							
CLAIMS AS AMENDED							
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	1	ER EXTRA PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	23 -	23 =		0	x \$50.00	\$0.00	
INDEP. CLAIMS	4 -	4 =		0	x \$210.00	\$0.00	
Multiple Dependent Claims (check if applicable)						\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00							
No additional fee is required for amendment.  Please charge Deposit Account No. in the amount of  A check in the amount of to cover the filing fee is enclosed.  The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 191013  Any additional filing fees required under 37 C.F.R. 1.16.  Any patent application processing fees under 37 CFR 1.17.  Payment by credit card. Form PTO-2038.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
Signature							
Thomas Spinetti  Registration No.: 39,533  I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CPR 1.8(a)] on (Onto)  Signature of Person Mailing Correspondence							
CC: Typed or Printed Name of Person Mailing Correspond						ling Correspondence	
P11LARGE/REVIO							